PTO/SB/17 (10-07)
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| Under | the Paperwork Reduction | Act of 1995, no person are re- | ulred to respond to e o | | | |
|---|---------------------------|---|--------------------------------------|----------------------------------|-------------------------|------------------|
| | | Complete if Known Application Number 10/805,856-Conf. #1720 | | | | |
| Fees pursuant to | | | | | | |
| FEE | Filing Date | | March 22, 2004 | | | |
| | First Named In | at Named Inventor Mark Falahee | | | | |
| [ii] | | | | | | |
| X Applicant claims small entity status. See 37 CFR 1.27 | | Art Unit | Fit Of It | | 3734 | |
| TOTAL AMOUNT OF PAYMENT (\$) 405.00 | | | Attorney Docke | Attorney Docket No. FLH-11002/29 | | |
| METHOD OF | PAYMENT (check | all that apply) | | | | |
| Check | x Credit Card | Money Order | Ione Other | (please identify | y): | |
| x Deposit Ac | count Deposit Account | Number: 07-1180 | Deposi | Account Name | Gifford, l | Krass, Sprinkle, |
| For the | above-identified dep | osit account, the Directo | r is hereby authori | zed to: (che | ck all that apply) | |
| Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee | | | | | | |
| x Charge any additional fee(s) or underpayments of x Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 | | | | | | |
| FEE CALCUI | | . 10 talio 1.17 | | | | |
| | | XAMINATION FEES | | | | |
| | | LING FEES S | EARCH FEES | | IATION FEES | |
| Application T | voe Fee (| Small Entity Fee (S) Fee | (S) Small Entity Fee (S) | Fee (\$) | Small Entity Fee (S) | Fees Paid (S) |
| Utility | 310 | | | 210 | 105 | res Palu (3) |
| Design | 210 | | | 130 | 65 | |
| Plant | 210 | | | 160 | 80 | |
| | | | | | | |
| Reissue | 310 | | | 620 0 | 310 | |
| Provisional | 210 | 105 | 0 0 | U | 0 | |
| 2. EXCESS CLAIM FEES Small Entity Fee (S) Fee (S) | | | | | | |
| Fee Description Fee (S) Fee (S) Each claim over 20 (including Reissues) 50 25 | | | | | | |
| | | | | | | 200 100 |
| Aultiple depen | | | | 360 180 | | |
| Total Claims | Extra Claims | e Paid (S) | | | | |
| Total Claims Extra Claims Fee (\$) Fee Paid (\$) Muttiple Dependent Claims x = | | | | | | |
| HP = highest number of total claims paid for, if greater than 20. | | | | | | |
| Indep. Claims | Extra Claims | Fee (\$) Fe | Paid (\$) | | | |
| | | × = | | | | |
| HP = highest num | ber of Independent claims | paid for, if greater than 3. | | | | |
| 3. APPLICATION SIZE FEE | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 | | | | | | |
| | | the application size fee 35 U.S.C. 41(a)(1)(G) as | | | ntity) for each a | dditional 50 |
| Total Sheet | | | additional 50 or fra | | Fee (\$) | Fee Paid (\$) |
| TOTAL STIEET | | | | | | 1 00 1 000 101 |
| | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | |
| Other (e.g., late filing surcharge): 2801 Request for continued examination (RCE) (see 37 405.00 | | | | | | |
| SUBMITTED BY | | | | | | |
| ignature | /John G. Posa/ | | Registration No. (Attorney/Agent) | 37,424 | Telephone | (734) 913-9300 |
| Name (Print/Tyne) | John G. Posa | | | | Date | October 8, 2007 |